

03-22-01

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ASSISTANT COMMISSIONER FOR PATENTS
Washington, DC 20231

PATENT
File No.: 2500.65339
Date: March 21, 2001

Sir:

Transmitted herewith for filing pursuant to 35 U.S.C. §111(a), is the
patent application of

Inventor(s): Yutaka Shimizu and Tatsuma Shibata

For: MAGNETORESISTIVE FILM HAVING NON-
MAGNETIC SPACER LAYER OF REDUCED
THICKNESS

*I hereby certify that this paper is being deposited
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Enclosed are:

- (X) 28 pages of specification, including 13 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () sheet(s) of informal drawing(s).
- (X) 6 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to FUJITSU LIMITED and Assignment Recordation Form.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- () Information Disclosure Statement; Form PTO-1449 and cited references.
- (X) Claim for Priority and Priority Document
- () PCT Request (Courtesy copy)

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 710.00
b) Independent Claims	<u>3</u>	- 3	= <u>0</u>	x \$ 80.00	= \$ <u>0</u>	
c) Total Claims	<u>13</u>	- 20	= <u>0</u>	x \$ 18.00	= \$ <u>0</u>	
d) Fee for Multiple Claims					\$270.00	= \$ <u> </u>
Total Filing Fee						\$ <u>710.00</u>

- () Applicant qualifies for Status as Small Entity, reducing Filing Fee by half to \$
- (X) A check in the amount of \$ 710.00 to cover the filing fee is enclosed.

Preliminary Amendment

- () Please insert the following between the title and line 1 of the specification: --This is a continuation of . --
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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By: *[Signature]*
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